U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 FORM LM-2 LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUST ESSUE

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to complymay result in criminal prosecution, fnes, or civil penalties as provided by 29 U.S.C. 439 or 440.

	READ THE IN	NSTRUCTION	NS CAREFULLY BEFORE PREPARING THIS REPORT.	\neg
For Official Lies Only	1. FILE NUMBER		COVERED 3. (a) AMENDED — If this is an amended report correcting a previously	\Rightarrow
For Official Use Only	I. FILE NOWIDER	Z. FERIOD	MO DAY YEAR filed report, check here:	┙╽
SP26 M2	059-849	From	0 7 0 1 2 0 0 1 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:	٦\
26.50		_	<u> </u>	ᆜᅵ
QIMS OF		Through	0 6 3 0 2 0 0 2 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	∃¦
		·	8. MAILING ADDRESS	=
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			First Name	Ì
			J . A	
			Last Name	
			LAWRENCE	ļ
			LAWRENCE	
)	P.O. Box · Building and Room Number (if any)]
			SUITE 500	ヿ
4. AFFILIATION OR ORGANIZATION	NAME		100112 000	_
	-		Number and Street	
ALLIED PILOTS ASSOC			14600 TRINITY BLVD	٦,
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATIO	N NUMBER	R	
N/A	N/A		City	
7. UNIT NAME (if any)			FORT WORTH	İ
N/A				- 1
			State ZIP Code + 4	- 1
 Are your organization's records kept (If "No," provide address in Item 75. 	t at its mailing address? Yes	X No 🗌] T X	
(ii 140, provide address in Rein 16.)				
75. ADDITIONAL INFORMATION				
Item Number				ヿ
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Each of the undersigned, duly authorized off accompanying documents) has been examin	icers of the above labor organization ned by the signatory and is, to the be	n, declares, unders	der the applicable penalties of law, that all of the information submitted in this report (including the information contained in any ersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)	
76. O/ E	Danal	PRESIDE	DENT 77. SIGNED: TREASURER	
SIGNED:	<u> </u>	 (If other	er title, (If other title,]
9-25-02 80	0-323-1470 X211		structions.) $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ see instructions.)	
Date	Telephone Number	· •	Date Telephone Number	
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Page 1 of 12

During the Reporting Period Did Your Organization:		18. How many members did your organization have at the end of the 1 2 6 7 7
10 Hove a "aubaidiam, argenization" as defined in	Yes No	reporting period?
		19. What is the date of your organization's next regular election of officers? MO YEAR 0 5 2 0 0 4
 Create or participate in the administration of a trust or other fund or organization, as defined 		20. What is the maximum amount recoverable
in the instructions, which provides benefits for members or their beneficiaries?	X	under your organization's fidelity bond for a loss caused by any officer or \$ 5 0 0 0 0 0
12. Have a political action committee (PAC)		employee of your organization? 21. What are your organization's rates of dues and fees?
fund?	X	(Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in		Rates of Dues and Fees
any manner other than by purchase or sale?		(a) Regular Dues/Fees \$ 1.5% salary per month (Month, Year, etc.)
 Have an audit or review of its books and records by an outside accountant or by a parent body 	\square	(b) Initiation Fees \$
auditor/representative?		(c) Fransfer Fees
15. Discover any loss or shortage of funds or other property?		(d) Work Permits per (Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)		22. During the reporting period, did your organization
16. Have any officer who was paid \$10,000 or more		have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?
by your organization and also received \$10,000 or		(If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
more as an officer or employee of another labor organization or of an employee benefit plan?		procedures have changed, see the instructions.)
17. Liquidate or reduce any liabilities without		23. Were any of your organization's assets pledged as security or encumbered in any other way
disbursement of cash?		at the end of the reporting period?
		24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," provin Item 75 as explained in the instructions for each item.)	vide details	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

FILE NUMBER: 0 5 9 - 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		5 8 8 8 1 8 9	3 8 1 4 0 6 9
	26. Accounts Receivable		0	0
STI	27. Loans Receivable	1	5 2 7 5 6	5 7 8 5 7 7
ASSETS	28. U.S. Treasury Securities		1 2 4 4 2 3 0	3 0 6 8 5 1 1
	29. Investments	2	7 2 2 1 5 6 6	1 0 3 8 9 1 3 4
	30. Fixed Assets	5	7 1 8 5 0 0 9	6 7 4 3 5 1 7
	31. Other Assets	3	2 6 9 6 9 8 8	2 7 4 2 8 1 2
	32. TOTAL ASSETS		2 4 2 8 8 7 3 8	2 7 3 3 6 6 2 0
	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		6 7 2 2 9 9	7 3 1 2 7 9
lES	34. Loans Payable	8	2 7 4 8 9 9 3 2	2 7 0 4 4 2 9 6
LIABILITIES	35. Mortgages Payable		0	0
LIA	36. Other Liabilities	4	6 4 2 1 1 5 1	9 3 1 3 7 9 6
	37. TOTAL LIABILITIES		3 4 5 8 3 3 8 2	3 7 0 8 9 3 7 1
	38. NET ASSETS (Item 32 less Item 37)		- 1 0 2 9 4 6 4 4	- 9 7 5 2 7 5 1

FILE NUMBER: 0 5 9 - 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		2 2 2 0 2 3 6 2	56. To Officers	9	1 8 5 6 8 6 3
40. Per Capita Tax		0	57. To Employees	10	6 2 9 9 6 5 6
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	1 6 2 0 5 2 5
44. Work Permits		0	61. Educational & PublicityExpense		0
45. Sale of Supplies		0	62. Professional Fees		4719019
46. Interest		6 5 4 9 5 1	63. Benefits	11	1 9 4 8 6 7 1
47. Dividends		0	64. Contributions, Gifts & Grants	12	1 1 0 0 0
48. Rents		4 4 8 4 2 3	65. Supplies for Resale		0
49. Sale of investments & Fixed Assets	6	7 0 7 5 8 2 3	66. Direct Taxes		1 2 5 4 9 1
50. Loans Obtained	8	1 3 2 9 6 8 1	67. Withholding Taxes		2 3 6 5 6 3
51. Repayments of Loans Made	1	3 8 6 0 8	68. Purchase of Investments & Fixed Assets	7	1 2 7 4 3 1 8 4
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	5 6 4 4 2 9
53. From Members for Disbursement on Their Behalf		3 2 1 7 6 4	70. Repayment of Loans Obtained	8	1 7 7 5 3 1 7
54. Other Receipts	14	1 0 0 8 7 3 4	71. To Affiliates of Funds Collected on Their Behalf		0
·			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	3 2 5 3 7 4 8
55. TOTAL RECEIPTS		3 3 0 8 0 3 4 6	74. TOTAL DISBURSEMENTS		3 5 1 5 4 4 6 6

2 - 4

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

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SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 3 - OTHER ASSETS

Description (A)			Α	mou (B)				
Marketable Securities 1. Total Cost		9	9	0	0	3	2	3
2. Total Book Value	1	0	3	8	9	1	3	4
List each marketable securitywhich has a book value over \$1,000 and exceeds 20% of Line 2.								
(a) NONE OVER 20% OF LINE 2								0
(b)								
(c)								
(d)					,			
Other Investments 4. Total Cost								0
5. Total Book Value								0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.					_			
(a) None								0
(b)								
(c)								
(d)								
(e) Total from additional pages (if any)								
7. Total of Lines 2 and 5	1	0	3	8	9	1	3	4
The total from Line 7 is entered in		It	lem	29,	Colu	mn	(B)	
orm LM-2 (Revised 2000)								2 -

Description (A)			Во	ok Va (B)	alue	•		
1. INTEREST RECEIVABLE				9	3	2	3	8
2. DUES RECEIVABLE	•	1	9	0	3	2	7	0
3. OTHER MEMBER RECEIVABLES				1	9	4	0	0
4. DEFERRED RENT				5	8	2	1	8
5. INSURANCE RECEIVABLE			6	3	9	8	8	3
6. Total from additional pages (if any)				2	8	8	0	3
7. Total of Lines 1 through 6		2	7	4	2	8	1	2
The total from Line 7 is entered in			. Ite	m 31	, Co	lum	n (B))

SCHEDULE 4 - OTHER LIABILITIES

Description (A)			nour of P (B)	erio	d		
1. FLIGHT PAY LOSS PAYABLE		9	3	7	0	1	4
2. RETIREMENT PLAN PAYABLE		3	6	9	9	8	8
3. POSTRETIREMENT PLAN PAYABLE	1	7	5	2	3	8	6
4. MEMBER EMERGENCY RELIEF FND			6	4	1	6	0
5. DEFERRED REVENUE (DUES)	5	1	3	3	1	4	1
6. Total from additional pages (if any)	1	0	5	7	1	0	7
7. Total of Lines 1 through 6	9	3	1	3	7	9	6
The total from Line 7 is entered in	 		tem	36, (Colui	nn (D)

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 5 9 - 8 4 9

Description (A)	Cost or Other Basis (B)		Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 14600 TRINITY BLVD, FT WORTH TX	8702	0 0		8 7 0 2 0 0	870200
2. Totals from additional pages (if any)					
3. Buildings (give location): 14600 TRINITY BLVD FT WORTH TX	66255	2 5	1219844	5 4 0 5 6 8 1	3109526
4. Totals from additional pages (if any)					
5. Automobiles and Other Vehicles	202	2 2	20222	0	0
6. Office Furniture and Equipment	3 3 9 9 7	0 1	2932065	4 6 7 6 3 6	467636
7. Other Fixed Assets		0	0	0	0
8. Totals of Lines 1 through 7	109156	4 8	4172131	6 7 4 3 5 1 7	4 4 4 7 3 6 2
The total from Line 8, Column (D) is entered in				Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)								
1. MARKETABLE SECURITIES	7052063	7052063	7075723	7075723								
2. FIXED ASSETS	14125	12778	100	100								
3.												
4.												
5. Totals from additional pages (if any)												
6. Totals of Lines 1 through 5	7066188	7064841	7075823	7075823								
	7. Less Reinvestments			0								
and the second s	8. Net Sales	8. Net Sales 7										
The total from Line 8 is entered in				item 49								

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SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 5 9 - 8 4 9

5. Totals from additional pages (if any)			
4.			
3.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. FIXED ASSETS	250028	250028	2500
1. MARKETABLE SECURITIES	12493156	12493156	124931
Description (if land or buildings, give location) (A) 1. MARKETABLE SECURITIES	Cost (B) 1 2 4 9 3 1 5 6	Book Value (C) 1 2 4 9 3 1 5 6	Cash F (D) 1 2 4 9

SCHEDULE 8 -- LOANS PAYABLE

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z			t of F	Perio						ing	Peri		l I									Other Than Cash (D)(2)				d of	Perio		
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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all persons who held office during the reporting per they received no salary or other disbursements.)	riod even if	(be	Gros fore												isbi for				ts		C)th	er									
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER	Status	oth	er c	led (D		tior	าร)		Al		van E)	ces	3				nes			Dis		rse (G		en	ts				ota (H)			
ABBOTT SCOTT			4	1	5	3	}	9					0		1	0	5	7	3			:	3 8	8	8			 5	2	5	0	0
1. V CHAIR ORD	N																															
AITKEN AL			5		5	1	-	3					0		1	6	6	3	3			1 4	4 :	3	7			7	1	5	8	3
2. FMR CHAIR DCA	P																															
AMES ROBERT		1	2	1	6	2	2 4	6	1	2	0	0	0		2	6	6	1	8	•		2 :	3 4	4	9		1	6	2	5	9	3
3. VICE PRESIDENT	С																															
ANNABLE JAMES			6	7	4	4	Ŀ	7					0			8	3	0	0			2 :	2 4	4	7			7	7	9	 9	4
4. FMR V CHAIR DCA	P																															
BEALL PHILLIP		1	0	3	3	5	5	9		•			0		2	1	3	8	7		:	2 :	3 2	2	3		1	2	7	0	6	9
5. FMR CHAIR DFW	P																															
BLOOM THOMAS	·		5	7	0	3	3	0					0			9	7	0	0			L S	9 ′	7	1			6	8	7	0	1
6. CHAIR ORD	С																															
BOETTCHER GARY		:	4	0	1	. 6	5	8					0	_		7	4	3	6						0			4	7	6	0	4
7. CHAIR DCA	N	<u> </u>						ŀ																								
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*Code for Status (C): past officer - P; continuing officer - C; new of	ficer during th	ne repo	orting	pe	riod	1 - 1	N.					•		L(fi	f an	y off	icer iniza	wa	s noi	t elect	ted a	t a r	egul	ılar i	elect	ion ir olain	aci	corc tem	lanc 75.)	e w	ith	

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 5 9 - 8 4 9

	e than \$10,000 in total disbursements les.)	Gi (befo	ros						Disbursements for Official	Oth	er	-		_			-	
(B) Position (Enter employee's job title.)		othe	r de	edu	ıctio		Allowances		Business	Disburse		nts			ota			
(C) Name of Affiliated Organization	f applicable)		ļ	(D)			(E)	\downarrow	(F)	(G)		ļ		(H)			
BAKER	ROBERT		1	6	0	1 5			9512			0		2	5	5	2	7
1. MEMBER								ŀ					į.					
BALLEW	NICOLE		3	0	2	1 3)	0	 -		0		3	0	2	1 (_
2. EMPLOYEE																		
BARKATE	JOSEPH	1	6	2	8	0 4)	9 5 4 1	1 (6 4	7	1	7	3	9	9 2	_ 2
3. MEMBER									İ									
BARSHES	BARBARA		6	4	5	0 0	()	8 8		-	0		6	4	5	8 8	-
4. ACCOUNTING MGR																		
BERTLING	SAM		1	1	8	6 2	()	965			0		1	2	8	2 7	,
5. MEMBER																		
6. Totals from additional pages (if any)		5 1	8	5	2 -	4 1	0	5	511932	1 2 9	9 5	4	5 7	7 1	0	1	2	- 7
 Totals for all employees who, during the repo \$10,000 or less in total disbursements from any affiliates 	rting period, received your organization and	3	9	1	8	6 3	C)	88185	146	6 5	5 1	4	1 9	4	6	9 9)
8. Totals of Lines 1 through 7		5 8	B 6	3 2	4	9 8)	620223	2 9	2 5	5 2	6.5	5 1	1	9	7 :	3
					4 96 S			9). Less Deductions			2	1 2		3	1	7	
The total from Line 10 is entered in	A CONTRACTOR HIS ROLL STORES	and the second	<i>3.625*!</i>	*******			Item 57	10	0. Net Disbursemer	nts	6	2	9 9	==	6	5	6	Ť
orm LM-2 (Revised 2000)				2	- 1	0								_	Pa	age	10 of	12

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 5 9 - 8 4 9

To Whom Paid (B)				t		
AMERICAN AIRLINES	7	7	4	7	9	7
FIDELITY INVESTMENTS	4	7	7	4	4	4
PRUDENTIAL	***************************************	1	7	5	1	0
MISCELLANEOUS VENDORS	37****	3	8	7	5	0
	6	4	0	1	7	0
	1 9	4	8	6	7	1
	(B) AMERICAN AIRLINES FIDELITY INVESTMENTS PRUDENTIAL MISCELLANEOUS VENDORS	(B) AMERICAN AIRLINES 7 FIDELITY INVESTMENTS 4 PRUDENTIAL MISCELLANEOUS VENDORS 6	(B) (C) AMERICAN AIRLINES 7 7 FIDELITY INVESTMENTS 4 7 PRUDENTIAL 1 MISCELLANEOUS VENDORS 3 6 4	(B) (C) AMERICAN AIRLINES 7 7 4 FIDELITY INVESTMENTS 4 7 7 PRUDENTIAL 1 7 MISCELLANEOUS VENDORS 3 8 6 4 0	(B) (C) AMERICAN AIRLINES 7 7 4 7 FIDELITY INVESTMENTS 4 7 7 4 PRUDENTIAL 1 7 5 MISCELLANEOUS VENDORS 3 8 7 6 4 0 1	(B) (C) AMERICAN AIRLINES 7 7 4 7 9 FIDELITY INVESTMENTS 4 7 7 4 4 PRUDENTIAL 1 7 5 1 MISCELLANEOUS VENDORS 3 8 7 5 6 4 0 1 7

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description Amount (A) (B) 1. UNITED PILOTS 9/11 FUND 5 0 0 0 2. FLAG RUN 5 0 0 0 3. KIDDS KIDS 5 0 0 4. UTAH STATE UNIVERSITY 2 5 0 5. HOSPICE OF GREEN COUNTY 1 0 0 6. NM CHRISTIAN CHILDRENS HOME 1 0 0 7. Total from additional pages (if any) 5 0 1 1 0 0 0 8. Total of Lines 1 through 7 The total from Line 8 is entered in Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)				ouni	ţ.		
1. RENT		2	5	1	6	9	2
2. OFFICE ADMINISTRATION			2	2	7	0	4
3. SUPPLIES		3	6	1	4	3	5
4. POSTAGE AND DELIVERY		3	1	4	9	2	0
5. REPAIRS AND MAINTENANCE		1	1	7	0	8	0
6. SUBSCRIPTIONS		1	0	0	4	4	1
7. Total from additional pages (if any)		4	5	2	2	5	3
8. Total of Lines 1 through 7	1	6	2	0	5	2	5
The total from Line 8 is entered in	 		. Ite	m 6	0		

Form LM-2 (Revised 2000)

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SCHEDULE 14 - OTHER RECEIPTS

Description (A)			Am (E	ount 3)	t		
1. DISCOUNTS EARNED				1	2	3	2
2. FLIGHTLINE ADS				7	3	0	6
3.OTHER REVENUE				7	3	2	3
4. TWA EXPENSE RECOVERY		9	9	2	8	7	3
5.							
6.							
7.							
8.							
9.							
10.							
11.						**********	
12.							
13.							
14.							
15.							
16. Total from additional pages (if any)							
17. Total of Lines 1 through 16	1	0	0	8	7	3	4
The total from Line 17 is entered in	 		. Itei	n 54	4		

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)				oun B)	t		
1.MEETINGS AND SEMINARS		5	6	7	0	6	7
2.OUTSIDE SERVICES		4	5	1	3	7	3
3.AWARDS/RETIREMENTS			5	6	8	3	2
4.TRAINING			2	2	1	7	0
5.PROPERTY MANAGEMENT FEES			2	6	4	8	0
6.INVESTMENT FEES			1	5	5	7	8
7.OTHER MEMBER RELATED COSTS	•	5	1	9	8	7	6
8.TRAVEL ADVANCES				2	2	0	9
9.INTERST EXPENSE	1	3	2	9	6	8	1
10. SECURITY DEPOSITS	-		2	0	9	0	0
11.PAYMENTS TO DOMICILES		1	6	7	3	0	8
12.APA COMAIR STRIKE FUND			7	4	2	7	4
13.							
14				·			
15.							
16. Total from additional pages (if any)							
· -· · · · · · · · · · · · · · · · · ·	-	2	5	3	7	4	8

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List a they r	all persons who held office during the reporting period eve eceived no salary or other disbursements.)	n if	G (bef	ore fore										Dis fe	bur or (Of	the	r							
(B) Title (Enter	title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	oth	er d		ucti			<i>F</i>	Allo	wai (E)		s		Bu		ess		Dis	bur	_	ner	nts			Tot (H			
BRESLIN	DENIS	-		7	4	9	4	8					0	2	3	1	2	6			4	8	6		9	8	5	6	0
CHAIR LAX		С																											
BURY	JOHN		1	0	6	8	2	3		9	0	0	0		5	8	5	5		1	0	2	8	1	2	2	7	0	6
SEC./TREASU	RER	С																							-				
DARRAH	JOHN		2	0	8	9	6	9	:	1 5	5 0	0	0	1	. 2	5	8	5		2	1	1	4	2	3	8	6	6	8
PRESIDENT		С																											
DUNNING	ROBERT			5	2	6	3	4					0		6	3	0	3		1	1	5	1		6	0	0	8	8
V CHAIR SFO		С																											
EITEL	DAVID			6	3	9	3	2		_			0	1	. 2	1	. 3	6		1	6	6	3		7	7	7	3	1
CHAIR SFO		С																											
FARRELL	JOHN	·		5	7	6	5	1					0	1	. 1	. 9	3	3		1	9	8	1		7	1	5	6	5
CHAIR LGA		C																											
FRAZER	THOMAS			5	9	7	1	5					0	1	. 1	. 5	5	6		1	9	8	0		7	3	2	5	1
CHAIR MIA		С																											
GIRARD	RICHARD			2	8	5	0	3	-				0	-	4	6	7	1			2	8	6		3	3	4	6	0
V CHAIR BOS		С																											

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period ev they received no salary or other disbursements.)	en if	Gre (befo									urs r C			nts I		0	the	er								
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other		edu D)		on	s)	Allowances (E)		E	Bus (ine F)		;	Dis		se (G)		nts			To (F				
LAVOY RICHARD		2	2 !	5	8	0	0	0	T		1	4	3	8		3	0	3	9		3	0	2	7	7	1
FMR PRESIDENT	P																									
LERUTH RANDALL		3	3 8	 В	1	0	6	0	T	1	4	2	1	5			3	1	7		5	2	6	3	8	1
V CHAIR LAX	С																									
MAYER SAMUEL		-	7 !	5	4	0	2	0	T	2	0	2	6	2		1	7	7	6		9	7	4	4	0	1
V CHAIR LGA	С																									
MAYHEW BRIAN			L 6	5	0	3	1	0	Ť			3	9	5		3	0	7	1		1	9	4	9	7	1
FMR VICE PRES.	₽																									
PHILPOT JIM		2	2 -	7	2	9	8	0	T			2	9	0					0		2	7	5	8	8	1
CHAIR DFW	N																									
SHEETS JEFFREY		6	5 ´	7	0	1	0	0	T	1	0	1	1	8		2	3	8	7	-	7	9	5	1	5	-
V CHAIR DFW	С																									
SPROC ROBERT		-	3 2	 2	2	5	6	0	t	1	7	8	7	1		1	2	1	3	ļ	5	1	3	4	0	-
V CHAIR MIA	С																									
TURCOTTE LEONARD		7	7 5	 5	9	0	1	0	\dagger	1	7	4	4	5		1	0	4	3	-	9	4	3	8	9	-
CHAIR BOS	С																									

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all they re	I persons who held office during the reporting period eve eceived no salary or other disbursements.)	,	(bef		axe	s a	nd		Disbursements for Official	Other		
(B) Title (Enter to	itle of officer, such as PRESIDENT or TREASURER.)	Status (C)*	othe	er de (I	duci O)	tior	18)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)	
WILSON	KEITH			1 4	. 7	9	5	0	2 2 5 5	0	170	5 0
V CHAIR DCA		N										
BEATTY	SAMUEL		_		3	1	0	0	2 4 7 3	0	8 7	8 3
V CHAIR STL		N						:				
BOUNDS	KEITH			2	9	4	6	0	2 7 1 8	0	5 6	6 4
CHAIR STL		N										
MORGAN	ROBERT				3	8	0	0	0	2 0 9 2	2 4	7 2
FMR SEC./TRE	EAS.	P									 	
ROACH	STEVE			1	. 1	0	4	0	0	6 0 6	1 7	1 0
FMR V CHAIR	SFO	P										
		į										
					_							
			,									

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

	d more than \$10,000 in total disbursements affiliates.)	∤ (beto		axe	s and			sbur for C		ents ial	Other							
(B) Position (Enter employee's job title.)		other			tions)		Allowances	Bus	ine	SS	Disbursem	ents			To			
(C) Name of Affiliated Organization	n (if applicable)		(0	יי —		1	(E)	(F)		(G)				<u>(</u> +	l)		
BICKHAUS	BERNARD	1	4 (6 8	3 7 1	1	0	7	6	1 4		0	1	5	4	4	8	5
MGR-SAFETY/TRAIN																		
BIRDWELL	LARRY		1 (6 6	 6 8 9	9	0	1	5	2 4		0		1	8	2	1	 3
MEMBER																		
BISSELL	STANLEY	2	0 :	2 7	7 9 3	3	0	1 4	8	6 7	26	3 3	2	2	0	2	9	3
MEMBER		4																
BLEVINS	RITA		3 (0 4	443	3	0			0	1	0		3	0	4	4	3
RECEPTIONIST													:					
BOGGESS	BENNETT	1	5 :	3 (0 0)	0	1 5	7	2 3		0	1	6	8	7	2	3
DIR OF REPRESENT																		
								 			<u> </u>	_						

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who from your organization) (B) Position (Enter employee's jo	p received more than \$10,000 in total disbursements and any affiliates.)	Gro (befo		axe	es a	nd			Disbursements for Official	Other						
(C) Name of Affiliated Orga		otner	(E		HOI	15)		Allowances (E)	Business (F)	Disbursements (G)			Fota (H)			
BROWN	DAVID		1	1	5 7	7 3		0	2 5 9	0		1	1	8	3 2	2
MEMBER										:						
BROWN	ROBERT		2	1	4 7	7 3	+	0	13940	0	;	3	5	4	1:	3
MEMBER											·					
BRUDER	PETER		1 :	3	0 8	5 7	<u> </u>	0	2479	0		1	5	<u> </u>	3 6	6
MEMBER																
BURTON	MIDGE		3	6	0 2	2 8	+	0	0	0	;	3	6	0	2 8	8
CLERICAL										:						
CARREON	SUSIE		2	8	1 2	2 4		0	0	0			8	1	2 4	_ 4
EMPLOYEE																
												_				

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who rec from your organization and (B) Position (Enter employee's job title (C) Name of Affiliated Organization		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
CATALANO MEMBER	STEVE	5 9 9 7 2	0	5120	0	6 5 0 9 2
CLARK	LYNNE	1 1 4 0 7	0	262	0	1 1 6 6 9
CLARK MEMBER	PATRICK	49278	0	2110	0	5 1 3 8 8
COCHRAN MEMBER	HENRY	2 2 5 4 4	0	1970	0	2 4 5 1 4
COMPTON BENEFITS	LINDA	66500	0	5385	0	7 1 8 8 5

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who rece from your organization and a	eived more than \$10,000 in total disbursements any affiliates.)	Gross (Disbursements for Official	Other					
(B) Position (Enter employee's job title	p.)	other ded	luctio		Allowances	Business	Disbursements		To	tal		
(C) Name of Affiliated Organiza	ation (if applicable)	(D	·) ——		(E)	(F)	(G)			1)		
DAVID	JOHN	5 7	7 0	1 9	0	23760	0	8	3 C	7	7 9	9
MEMBER												
DELLAGRECA	DENNIS	1 7	 7 1	3 2	0	4622	675	2		. 4	2 9	9
MEMBER												
DENNIS	RUSSELL	5 9	9 4	1 8	0	15666	0	7		0	8 4	4
MEMBER												
DIOMEDE	JOE	6 4	1 6	6 6	0	0	0	6	6 4	. 6	6	_ 6
CONTRACT ADMIN.												
DOMINY	DAVID	3 5	5 1	4 1	0	1 3 1	0	3	3 5	2	7 :	2
EMPLOYEE												
				,								

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who red from your organization and	eived more than \$10,000 in total disbursements any affiliates.) (e.)	(befo		axes	ary and ions)				rsen Offic	ial	Other						
(C) Name of Affiliated Organiz		-))	iorio <i>j</i>	^	llowances (E)	1	sпе: (F)	55	Disbursements (G)	5		To (F			
DOMINY	STEVEN		3	5 7	' 3 5		0			4 3	O		3	9	4	7	8
DRYER MEMBER	ERNEST		1	4 (0 1 0		0	4	i 0	2 9	0		1	8	0	3	9
DUFF EMPLOYEE	ANDREA		4	7 (0 6 8		0	1	1	6 2	0		4	8	2	3	0
DUKE	RAY	1	2 9	9 0	0 0 0		0	2 1	1 2	0 6	0	1	5	0	2	0	6
EATON MEMBER	JAMES		5 ;	 3 1	0 1		0	7	7	8 1	0		6	0	8	8	2
							<u> </u>										

ENDING DATE OF PERIOD COVERED: 06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

	eceived more than \$10,000 in total disbursements d any affiliates.)	Gro (befo	oss S re ta	Sala	ary s and			Disbursements for Official	Other		•				
(B) Position (Enter employee's job to		other	ded	ucti			Allowances	Business	Disbursements		7	Tota	al		
(C) Name of Affiliated Organia	zation (if applicable)		(D) —			(E)	(F)	(G)			(H)			_
ELMORE	KEVIN		2 7	7 4	156	6	0	1941	o		2	9	3	9 7	7
MEMBER		į													
ENGELKE	ANDREW		2 8	3 9		1	0	7 4 8	0		2	9	7	1 9	9
MEMBER															
FLUTY	KAREN		3 1	1 4	115	5	0	0	0		3	1	4	1 5	_ 5
EMPLOYEE															
GARRETT	ROBERT		7	7 5	5 7 3	3	0	2430	0	1	1	0	0	0 3	3
MEMBER															
GOLDFARB	JOANNE		2 7	7 3	3 7 8	3	0	8 9	0		2	7	4	6 7	 7
EMPLOYEE															
													_		

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who rece from your organization and a	eived more than \$10,000 in total disbursements any affiliates.)	Gros (before	ss S	Sala	ry and		-	Disbursem for Office		Other						
(B) Position (Enter employee's job title	9.)	other o	dedu	ucti	ons)		Allowances	Busine		Disbursements		Ţ	ota	al		
(C) Name of Affiliated Organiza	ation (if applicable)		(D) —) —		\perp	(E)	(F)		(G)	<u> </u>		(H)			_(
GONZALEZ	ANTHONY	4	4	- 6	4 3	3	0	19	3 7	0	4	4	6	5	8 (0
PRINT SHOP																
GOUNAUD	CHARLES	2	2 5	5 5	0 7	_	0	2 8	7 2	0	2	 2	8	3	7 9	9
MEMBER																
HAINA	KENT	1	7	' 8	3 8	3	0	9 6	7 6	0	2	2	7	5	1 4	4
MEMBER											į					
HANKINS	SHANNON	1	9	3	8 4	- 	0	1 8	6 2	0	4	 2	1	2	4 (6
MEMBER										4	<u> </u> 					
HARGRAVE	NICKI	3	3 7	2	7 7	 	0		0	0	;	3	7	2	7	7
EMPLOYEE										:						
												_		_		

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who receive from your organization and any	ed more than \$10,000 in total disbursements y affiliates.)	Gro (befor	oss (Sala	ıry and	7			ours or O		ents	04								\neg
(B) Position (Enter employee's job title.)		other				١	Allowances		Ji O Busi			Oth Disburse		nts			Γota	al		
(C) Name of Affiliated Organizati	on (if applicable)		۵)	} }			(E)		(F	=)		(G					(H)			
HAUG	WILLIAM	,	1 (3 8	2	7	0			8	7 1			0		1	4	6	9 8	8
MEMBER																				
HEBERT	SUZETTE		4 6	6 6	9 9	9	0				5 9			0		4	6	7	5 8	_ 8
EMPLOYEE														-						
НЕРР	CHARLES		8 5	5 4	1 7	7	0	1	0	7	9 2			0		9	6	2	0 9	9
MEMBER																				
HILL	LLOYD	1	7 (6 8	5 5 4	4	0	2	0	1	0 8	2 2	2 6	2	1	9	9	2	2 4	4
MEMBER																				
HODGE	CAROLYN	;	3 9	9 0	3 8	8	0				6 2			0		3	9	1	0 (0
EMPLOYEE																				
									<u>-</u> .											

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

d more than \$10,000 in total disbursements affiliates.)	- (befor	re ta ded	xes lucti	and		Allowances	Disbursements for Official Business		Other Disbursements		-	Tot	al		
ON (if applicable)	<u> </u>	(D 	') ——			(E)	(F)	┸	(G)			(H)		╝
RALPH		1 3	3 0	1	3	0	537	,	0		1	3	5	5 (0
CYNTHIA		1 ′	1 9	9 2	9	0	()	0		1	1	9	2 9	9
TAKAAKI		1 1	1 8	8 6	8	0	8655	5	0		2	0	5	2 3	3
TRISH		1 7	7 5	5 7	5	0	296	6	0		1	7	8	7	1
MIKE	1:	2 3	3 3	3 5	0	0	5 2 4 5	5	0	1	2	8	5	9 !	5
	ON (if applicable) RALPH CYNTHIA TAKAAKI TRISH	ON (if applicable) RALPH CYNTHIA TAKAAKI TRISH	(Defore to other ded other ded (Defore) RALPH 1 3 CYNTHIA TAKAAKI 1 7	(before taxes other deduct (D) RALPH 1 3 (C) CYNTHIA 1 1 8 TAKAAKI 1 1 8	(before taxes and other deductions) On (if applicable) RALPH 1 3 0 1 CYNTHIA 1 1 9 2 TAKAAKI 1 1 8 6	(before taxes and other deductions) (D) RALPH 1 3 0 1 3 CYNTHIA 1 1 9 2 9 TAKAAKI 1 1 8 6 8 TRISH 1 7 5 7 5	(before taxes and other deductions) (D) Allowances (E) RALPH 1 3 0 1 3 0 CYNTHIA 1 1 9 2 9 0 TAKAAKI 1 1 8 6 8 0 TRISH 1 7 5 7 5 0	(before taxes and other deductions) (D) (If applicable) (E) (E) (F) RALPH 1 3 0 1 3 0 5 3 7 CYNTHIA 1 1 8 6 8 0 8 6 5 5 TRISH 1 7 5 7 5 0 2 9 6	CYNTHIA	Condition Cond	Con (if applicable) Con (if applicable)	Com (If applicable) Con (If applicable)	(before taxes and other deductions) (D) (Allowances (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	Center taxes and other deductions on (F) Center deductions (E) Center de	Center Content Center
ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION															
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ENDING DATE OF PERIOD COVERED: 06/30/2002															

FILE NUMBER: 0 5 9 - 8 4 9

	more than \$10,000 in total disbursements ffiliates.)	Gr (befo	oss ore t						Disbursements for Official	Other		-				
(B) Position (Enter employee's job title.)		othe	r de	duc	tion	s)	Allowances		Business	Disbursements		-	Tot	al		
(C) Name of Affiliated Organization	(if applicable)		(1	D) ——			(E)		(F)	(G)			(H)		_(
KRUGER	RALPH		1	6	7 1	l 5		0	5125	О		2	1	8	4	0
MEMBER																
KUNERT	KEITH		1	4	4 3	3 6		0	1316	0		1	5	7	5	2
MEMBER																
LAUER	JOHN	-	5	4	6 9	9 5		0	6710	0		6	1	4	0	5
MEMBER																
LAWRENCE	JOHN	1	1	8	6 5	5 0		0	2740	0	1	2	1	3	9	0
DIR OF FIN/ACCTG																
LECHASSEUR	KATE		3	3	0 3	3 9		0	0	0		3	3	0	3	9
EMPLOYEE																
		l 								- -	 					

ORGANIZATION NAME:

ALLIED PILOTS ASSOCIATION

ENDING DATE OF PERIOD COVERED: 06/30/2002

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	ed more than \$10,000 in total disbursements y affiliates.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization	ON (if applicable)	(D)	(E)	(F)	(G)	(H)
LEONE	MICHAEL	2 1 8 9 5	0	4110	0	26005
MEMBER						
LITTLE	JEAN	37140	0	0	0	37140
CLERICAL-ACCTG						
LOGSDON	ROBERT	6 3 9 9 9	0	2711	0	66710
MEMBER		; ;				
LOPEZ	PETE	4 4 9 1 4	0	8 1 4	0	4 5 7 2 8
EMPLOYEE						
MARKO	LIZ	4 3 4 0 4	0	200	0	43604
EMPLOYEE						

ENDING DATE OF PERIOD COVERED:

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(B) Position (Enter employee's job title.)	ore than \$10,000 in total disbursements ates.)	Gro (befor other		xes uctio	and		Allowances	Disbursements for Official Business	Other Disbursements			ota			
(C) Name of Affiliated Organization	(if applicable)			<i>'</i>		\bot	(E)	(F)	(G)		_	(H)			_
MCCLUNG	RENATE	(6 6	3 2	6 2	:	0	0	0	(6	6	2	6	2
MGR GRAPH DESIGN															
MCDONALD	MEGAN	,	3 3	3 5	5 3		0	6 2 9	0	;	3	4	1	8	2
EMPLOYEE															
MCELVANY	LIZ	,	3 7	7 6	7 8		0	0	0	;	3	7	6	7	8
EMPLOYEE		:								<u> </u>					
MCMILLEN	CAROLE	;	3 7	7 6	5 7	,	0	6 1	0	;	3	7	7	1	8
EMPLOYEE															
MELLERSKI	MICHAEL		5 8	3 5	7 9		0	5 4 9 4	0	- (6	4	0	7	3
MEMBER															
									<u> </u>						

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who rec from your organization and (B) Position (Enter employee's job title	eived more than \$10,000 in total disbursements any affiliates.)	Gro (befor other	re ta	axe	s and		Alla	for	Off	me icia ess	1	Other	l "					
(C) Name of Affiliated Organiza		0.000	(D		шоноў		Allowances (E)		(F)			Disbursements (G)				tal 1)		
MICHAELIS MEMBER	MICHAEL	,	3 6	6 3	3 2	6	0	1 1	1 4	1 5	7	0		4	7	7	. 8	3 3
MICHAELSEN MEMBER	KENT		2	5 9	9 6	1	0	3	3 7	7 1	3	0	:	2	9	9 6	 5 7	' 4
MINER MEMBER	ТІМОТНҰ		1 4	4 9	9 6	9	0		- 5	 5 1	7	0		1	5	i 4	. 8	3 6
MORGAN MEMBER	GERARDO			 B 4	4 4	8	0	3	3 () 4	0	0		1	1	4	8	8 8
MORRISON CLERICAL-ACCTG	PATRICI	,	3 (9 6	6 O	9	0			8	9	0		3	9) 6	G	8 (

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED: 06/30/2002

(A) Name (List all employees who received more than \$10,000 in total of from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MURPHY SHIRLYC	29251	0	1 4 2	0	29393
NORELIUS JAMES MEMBER	3 6 5 6 7	0	7 2 6 0	0	43827
OVERMAN GREG DIR COMMUNICATIO	107677	0	7721	0	1 1 5 3 9 8
PATTERSON NORMAN MEMBER	1 1 9 5 0	0	3659	0	15609
PAUWELS LINDA MEMBER	3 1 8 7 8	0	7226	0	3 9 1 0 4

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	ees who received more than \$10,000 in total disbursement ization and any affiliates.) vee's iob title.)		oss re ta		ary s and			Disbursements for Official	Other						
(B) Position (Enter employee's job title.	.) 		dec	duc	tions)		Allowances	Business	Disbursements	,	•	Tot	al		
(C) Name of Affiliated Organiza	ation (if applicable)		([)) 		┙	(E)	(F)	(G)	<u> </u>		(H	<u>)</u>		(
PAVLICA	JAMES		3 (0 ;	3 0 7	7	0	3704	. 0		3	4	0	1	1
MEMBER															
PENDERGRASS	DON		4 (0 8	3 4 7	7	0	5 3 6	0		4	1	3	8	3
PRINT SHOP															
PINION	DOUGLAS	1	4 :	3	7 9 2	2	0	6992	2 0	1	5	0	7	8	4
MEMBER															
PITTS	DONALD		3 9	9	7 2 3	3	0	15780	0		5	5	5	0	3
MEMBER															
POOLE	JAMES		2 !	9 ;	3 8 7	7	0	4914	0		3	4	3	0	1
MEMBER															

ENDING DATE OF PERIOD COVERED: 06/30/2002

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				alary es a			Disburseme for Officia		Other						
(B) Position (Enter employee's job title		other de	edu	ctior		Allowances	Busine		Disbursements		-	Tota			
(C) Name of Affiliated Organiza	ation (if applicable)	· · · · ·	(D)			(E)	(F)		(G)			(H)			_(
PURCELL	WILLIAM	2	2	2	7 7	0	4 4	3 4	0		2	6	7	1 1	1
MEMBER															
PYLE	SUE	5	9	8 8	8 8	0		0	0		5	9	<u> </u>	8 8	_ B
SR EXEC SEC															
RANCATORE	PAUL	3	3	0 (0 5	0	7 4	8 0	0	<u> </u>	4	0	4	8 5	5
MEMBER							: : :								
RAY	BRUCE		9	7 :	3 0	0	3	8 1	0	-	1	0	<u> </u>	1 ′	1
MEMBER															
REIFSNYDER	ROBERT	1 2	3	5 -	4 3	0	168	8 8	1168	1	4	1	5	9 9	9
MEMBER															

ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		→ (before taxes and					Disbursements for Official	Other						
(B) Position (Enter employee's job	title.)	other		tions)	1	Allowances	Business	Disbursements		Т	ota	ıl		
(C) Name of Affiliated Organ	ization (if applicable)		(D)		\bot	(E)	(F)	(G)		((H)			_ (
RICH	PAUL	1	1 3	6 7	٥	0	1946	o	1	1	5	6	1 (3
MEMBER		,												
RIVERA	JOSE		7	1 3	9	0	3360	0	1	1	0	4 :	9 9	9
MEMBER														
ROSSELOT	LAWRENC	3	3 7	4 6	5	0	7 5 4 3	0	4	1	5	0	0 {	8
MEMBER														
ROSSETTI	MICHAEL	1	1 1	1 6	2	0	3 6 7	1808	1	1	3	3	3	7
MEMBER								[
RUBAE	MELISSA	3	3 6	8 4	5	0	0	0	3	3	6	8	4 !	_ 5
EMPLOYEE														
				<u></u>		·								

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
NDING DATE OF PERIOD COVERED:	

FILE NUMBER: 0 5 9 - 8 4 9

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who receive from your organization and any	ed more than \$10,000 in total disbursements affiliates.)	Gro (befor	oss S					bursements or Official		Other							
(B) Position (Enter employee's job title.)		other	ded	ucti		Allowances		Business	Disbu				٦	Γota	ı,		
(C) Name of Affiliated Organization	on (if applicable)		(D) —		(E)	<u> </u>	(F)	<u> </u>	(G)				(H)](
RUBIN	RICHARD		8 9	3	3 1	0	1	6539			0	1	0	5	8 7	7 0)
MEMBER												!					
RUSHING	BRUCE		5 9	1	5 5	0		9 4 3			0		6	0	0 9	9 8	-
PRINT SHOP																	
SAFLEY	JON		1 9	9 5	4 5	0		3 4 9 9		_	0	<u>.</u>	2	3	0 4	4 4	_
MEMBER									: - -								
SCHAFER	GLENN		1 4	1 6	6 3	0		5 4 3 8	ļ —		0	 	2	0	1 () 1	
MEMBER																	
SCHRICKER	KARL	1	3 8	9 4	3 4	0		9854		1 2	6 5	1	5	0	5 :	 5 3	_
MEMBER												[
									<u>L</u>								

06/30/2002

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

	ed more than \$10,000 in total disbursements affiliates.)	(before		xes	and			Disbursements for Official	Other						
(B) Position (Enter employee's job title.)	<u></u>	other	ded (D		ons)		Allowances	Business	Disbursements	}		Tota			
(C) Name of Affiliated Organization	ON (if applicable)			<u>, </u>		\downarrow	(E)	(F)	(G)			(H)	<u> </u>		4
SCHROEDER	KATHY		5 8	3 4	5 7	'	0	0	0		5	8	4	5 7	7
EMPLOYEE															
SHANNON	MARTIN		7 1	5	8 4	-	0	0	0		7	1	5	8 4	4
CONTRACT ADMIN						:									
SMITH	WILBURN		5 2	2 1	8 4	<u> </u>	0	0	0		5	2	1	8 4	4
CONTRACT ADMIN		E.													
SOPHOS	HARRY		7 5	5 3	6 0		0	2535	0		7	7	8	9 !	5
EMPLOYEE															
SOVICH	JAMES		3 4	ļ 1	2 0)	0	4875	1317		4	0	3	1 2	2
MEMBER															
											. <u> </u>				

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross (before				Disbursements for Official	Other		·				
(B) Position (Enter employee's job t	itle.)	other de	educ	tions)	Allowances	Business	Disbursements		7	Tota	al		
(C) Name of Affiliated Organi	zation (if applicable)	((D)		(E)	(F)	(G)			(H)	<u> </u>](
STEFANIK	RONALD	1	6	9 9 5	0	4657	0		2	1	6	5 2	<u> </u>
MEMBER						,							
STELTZER	HEIDI	4	2 :	3 3 0	0	506	0		4	2	8 :	3 6	3
EMPLOYEE													
STEPHENS	MARK	1 6	0 9	9 4 4	0	10087	1826	1	7	2	8 :	5 7	7
MEMBER													
STEWART	DAVID	1	3 8	8 2 8	0	4 2 4 3	0		1	8	0	7 1	- 1
MEMBER						3	ļ						
TETEN	SUSAN	3	8	1 5 0	0	0	0		3	8	1 :	5 (
BENEFITS COORD													
		<u></u>								-			

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)					Allowances (E)		Disbursements for Official Business (F)		Other Disbursements (G)	4		Fota (H)			
THORN OFFICE ADMIN	DEBBIE		5 7	7 6	5 5 3		0		1 8	3 0	0		5	9	4	8 ;	3
VAN DEVENTER MEMBER	JOHN		2 1		169)	0		3	5 2	0		2	1	8	2	1
WALKER, JR. MEMBER	ROBERT		1 5	5 4	3 2	2	0	:	2 3	1 9	0		1	7	7	5	1
WATSON EMPLOYEE	JOETTE		3 (7	7 8 2		0	3 :	5 0	0 0	0		6	5	7	8 2	2
WELCH MEMBER	BRIAN		4 2	2 6	3 2 3	3	0		6	9 5	0		4	3	3	1 3	В

ORGANIZATION NAME:
ALLIED PILOTS ASSOCIATION
ENDING DATE OF PERIOD COVERED:

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

	ived more than \$10,000 in total disbursements ny affiliates.)	Gross Salary (before taxes and			Disbursements for Official	Other						
(B) Position (Enter employee's job title		other deductions (D))	Allowances	Business	Disbursements			To			
(C) Name of Affiliated Organiza	tion (if applicable)	(5)	_	(E)	(F)	(G)			(H	l) ——		_ (
WELLER	GARY	1209	0	0	2037	0		1	4	1	2	7
MEMBER												}
WHITE	EDWIN	6839	8	0	7973	0		7	6	3	7	1
MEMBER						;						
WILLSON	JAMES	9145	0	0	20629	0	1	 1	2	0	7	9
EMPLOYEE			1									
WISSING	TODD	974	9	0	1649	0		1	1	3	9	8
MEMBER												
ZWINGLE	CHRISTO	1807	9	0	1809	0		1	9	8	8	8
MEMBER												

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ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.)		cition (State and Incident Affle)			Disbursements for Official Business Disbursements		
(C) Name of Affiliated Org		(D)	Allowances (E)	(F)	Disbursements (G)	Total (H)	
KRANYAK	т	78350		3871	0	8 2 2 2 1	
EMPLOYEE							
		:		:			
······							
				1			

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 11 – BENEFITS (continued)

Description (A)	To Whom Paid (B)			oun C)	t			
GROUP MEDICAL	CLAIMS TO VAR INDIVIDUALS	4	6	8	7	3	5	7,
GROUP MEDICAL	(HEALTH CARE PTRS-ADMIN.)						0	
POST RETIREMENT	POST RETIREMENT		9	2	5	8	6	
DISABILITY INSURANCE	RELIANCE STANDARD			9	0	0	7	
WORKER'S COMPENSATION	TRAVELERS INSURANCE		1	7	1	9	9	1
MOVING/LIVING EXPENSES	EXECUTIVE ADMINISTRATOR		4	0	0	0	0	1
OTHER MISCELLANEOUS BENEFITS	MISCELLANEOUS VENDORS		1	2	6	4	3	1
					<u> </u>			1
							_	1
			-					1
					•			
								1
								7
							<u> </u>	1
								┧
								┦ `
					_			-
								1
								-

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS (continued)

Description (A)	Amount (B)		
AMERICAN HEART ASSOCIATION		5	0
	· 		

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)	
UTILITIES	3 0 1 5 0	5
INSURANCE	1 5 0 7 4	8
	-	-

DRGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
NDING DATE OF PERIOD COVERED:	

SCHEDULE 3 – OTHER ASSETS (continued)

Description	Book Value			
(A)	(B)			
SECURITY DEPOSITS		2	4	2
TITLE HOLDING CO RECEIVABLES	2 5	5	8	9
OTHER TRAVEL ADVANCES	2	9	7	2
		•		
	<u> </u>			

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ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED: 06/30/2002

SCHEDULE 4 – OTHER LIABILITIES (continued)

Description (A)		nour l of P (B)	erio	d		
DUES REFUNDS PAYABLE		6	1	0	6	9
MEDICAL INSURANCE PAYABLE	1	4	7	0	1	5
ACCRUED VACATION PAYABLE	1	7	9	0	6	7
OTHER ACCRUED LIABILITIES	2	0	5	5	1	1
TITLE HOLDING CO PAYABLE	1	4	2	6	8	1
FURLOUGHED PILOT LOAN FUND	3	2	1	7	6	4

ORGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

Item Number	
10	THE ALLIED PILOTS ASSOCIATION CREATED THE APA HOLDING COMPANY, AN IRS CODE SECTION 501(C)(2) TITLE HOLDING COMPANY IN 1999. THE PURPOSE OF THIS COMPANY IS TO HOLD TITLE TO THE REAL PROPERTY PURCHASED BY THE ALLIED PILOTS ASSOCIATION. THE ACTIVITY OF THIS COMPANY IS INCLUDED IN THIS REPORT. THE ADDRESS OF THIS SUBSIDIARY IS 14600 TRINITY BOULEVARD, SUITE 500, FORT WORTH, TEXAS 76155.
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Form LM-2 (Revised 2000)

ORGANIZATION NAME:	FILE NUMBER: 0 5 9 - 8 4 9
ALLIED PILOTS ASSOCIATION	VIII VOINGE: 11 0 0 0 0 1 0

ENDING DATE OF PERIOD COVERED: 06/30/2002

	DITIONAL IN ORMANION
Item Number	
Item Number 11	THE ALLIED PILOTS ASSOCIATION SPONSORS THE FOLLOWING PROGRAMS: ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE ALLIED PILOTS ASSOCIATION FEDERAL CREDIT UNION ALLIED PILOTS ASSOCIATION WELFARE AND BENEFITS MASTER TRUST (EIN#75-2589033): APA CATASTROPHIC MEDICAL AND HOSPITAL PER DIEM BENEFIT PLAN APA DISABILITY INCOME PLAN APA VOLUNTARY SUPPLEMENTAL MEDICAL AND CUSTODIAL CARE PLAN APA GROUP TERM LIFE INSURANCE PLAN APA PILOTS MUTUAL AID ALLIED PILOTS ASSOCIATION FURLOUGHED PILOT LOAN FUND FLIGHT 965 MEMORIAL/SCHOLARSHIP FUND APA HOLDING COMPANY (EIN#75-2785182) ALLIED PILOTS ASSOCIATION SCHOLARSHIP FUND (EIN#75-2759329)

ORGANIZATION NAME:	
ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	
06/30/2002	

tem Number	
12	THE ALLIED PILOTS ASSOCIATION HAS A SEPARATE POLITICAL ACTION COMMITTEE CALLED THE ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE. THE COMMITTEE FILES A REPORT ANNUALLY WITH THE FEDERAL ELECTION COMMISSION AND THE INTERNAL REVENUE SERVICE.
n LM-2 (Revis	ed 2000) 4 - 175

DRGANIZATION NAME: ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

tem Number	OF THE BOOKS AND RECORDS OF THE ALLIED PILOTS ASSOCIATION WAS PERFORMED BY THE INDEPENDENT
	ING FIRM OF KPMG LLP.
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LM-2 (Revised 2000)	5 - 175

ORGANIZATION NAME:	1
ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	
06/30/2002	

SEE ATTACHED REVISIONS TO THE POLICY MANUAL DATED JUNE 29, 2002 AND TWO COPIES OF THE CONSTITUTION AND
BYLAWS DATED JULY 7, 2002 WHICH WAS RATIFIED AND APPROVED BY THE ALLIED PILOTS ASSOCIATION MEMBERSHIP ON MARCH 29, 2002. NO SUBSTANTIVE CHANGES TO POLICIES AND PROCEDURES WERE MADE, THEREFORE FORM LM-1 IS NOT
REQUIRED TO BE FILED.

ORGANIZATION NAME:	
ALLIED PILOTS ASSOCIATION	
ENDING DATE OF PERIOD COVERED:	
06/30/2002	

75. ADDITIONAL INFORMATION (continued)

Item Number 27

SCHEDULE 1, LOANS RECEIVABLE:

ITEM 1, SUPPLEMENTAL INFORMATION REGARDING FURLOUGHED PILOT LOAN FUND

PURPOSE: TO PROVIDE FINANCIAL SUPPORT FOR PILOTS THAT HAVE BEEN FURLOUGHED TERMS OF REPAYMENT: IN 1995, THE ASSOCIATION BEGAN A FURLOUGHED PILOT LOAN FUND (THE "FUND") TO PROVIDE FINANCIAL SUPPORT FOR PILOTS ON FURLOUGH. THE FUND ACCEPTED VOLUNTARY CONTRIBUTIONS FROM MEMBERS AND USED THE PROCEEDS OF SUCH CONTRIBUTIONS TO PROVIDE NON-INTEREST BEARING LOANS TO FURLOUGHED PILOTS. THE MEMBERS WHO ORIGINALLY CONTRIBUTED TO THE FUND RECEIVED A PARTIAL REFUND OF THEIR PRO RATA SHARE IN 1998 AND THE BALANCE IN 2001. IN CONNECTION WITH THE ESTABLISHMENT OF THE FUND AND BY RESOLUTION OF THE ASSOCIATION'S BOARD OF DIRECTORS IN APRIL 1995, THE ASSOCIATION ADVANCED \$203,736 TO THE FUND. DURING THE YEAR ENDED JUNE 30, 2002, MEMBERS PROVIDED \$321,764 OF ADDITIONAL FUNDS TO RECENTLY FURLOUGHED PILOTS. WHEN LOAN PAYMENTS ARE COMPLETED, ALL MEMBERS WILL RECEIVE THE REMAINDER OF THEIR PRO RATA SHARE, NET OF CHARGE-OFFS AND NET INCOME, IF ANY. THE FUND HAD LOANS OUTSTANDING TO FURLOUGHED PILOTS OF \$500,148 AND \$35,271, AS OF JUNE 30, 2002 AND 2001, RESPECTIVELY. LOANS WILL BE REQUIRED TO BE REPAID ONLY AFTER THE FURLOUGHED PILOTS ARE REINSTATED ON THE AMR PAYROLL.

ITEM 2, SUPPLEMENTAL INFORMATION REGARDING THE EMERGENCY RELIEF FUND

PURPOSE: TO PROVIDE FINANCIAL SUPPORT FOR PILOTS PENDING RESOLUTION OF TERMINATION GRIEVANCES TERMS OF REPAYMENT: IN 1999, THE ASSOCIATION BEGAN PAYMENTS TO PILOTS UNDER THE EMERGENCY RELIEF FUND TO PROVIDE FINANCIAL SUPPORT FOR THE PROVO COCKPIT CREW DURING THE PENDENCY OF THEIR GRIEVANCES. THE ASSOCIATION'S BOARD OF DIRECTORS HAS DIRECTED THAT IF THE GRIEVANCES ARE DENIED, THERE WILL BE NO OBLIGATION TO REPAY THE ASSOCIATION AMOUNTS RECEIVED. HOWEVER, IF THE GRIEVANCES ARE GRANTED, PILOTS SHALL REPAY THE AMOUNTS RECEIVED OVER A MAXIMUM OF FIVE YEARS WITH NO INTEREST. AS A MATTER OF REPAYMENT OF SUMS RECEIVED FROM THE EMERGENCY RELIEF FUND, NO MANDATORY IMPLEMENTATION WILL OCCUR BEFORE SIX MONTHS FROM THEIR REINSTATEMENT ON THE AMR PAYROLL..

ITEM 3, SUPPLEMENTAL INFORMATION REGARDING IRISH PILOTS UNION RECEIVABLE
PURPOSE: TO PROVIDE SHORT TERM FINANCIAL SUPPORT FOR THE IRISH PILOTS UNION
TERMS OF REPAYMENT: THE ENTIRE AMOUNT OF THE RECEIVABLE WAS REPAID TO THE ALLIED PILOTS ASSOCIATION IN JULY
2002.